

CITY of BELOIT

PLANNING AND BUILDING SERVICES DIVISION

100 State Street, Beloit, WI 53511

Phone: (608) 364-6700

Fax: (608) 364-6609

CERTIFICATE of APPROPRIATENESS APPLICATION

(Please Type or Print)

File Number: _____

1. Address of property: _____

2. Parcel #: _____

3. Owner of record: _____ Phone: _____

(Address)

(City)

(State)

(Zip)

4. Applicant's Name: _____

(Address)

(City)

(State)

(Zip)

(Office Phone #)

(Cell Phone #)

(E-mail Address)

5. Present use of property: _____

6. The following action is requested:

☐ Approval of COA by Landmarks Commission (projects not listed below)

☐ Approval of COA by staff: (Check all that apply)

☐ Roof repair/replacement

☐ Gutter repair/replacement with historically appropriate materials and in historically appropriate styles

☐ Private sidewalk and driveway repair/replacement with historically appropriate materials in the same dimensions, placement and orientation

☐ Installation of historic plaques (residential properties only)

☐ Chimney repair and tuckpointing according to the Secretary of the Interior standards and in historically appropriate color and design

☐ Installation of fences

☐ Storm window/storm door repair or replacement

☐ Installation of glass blocks in basement window openings

Please continue to #7 (Over)

CERTIFICATE of APPROPRIATENESS APPLICATION (continued)

7. Description of Project: Describe each item of the project separately.

Project item: Include existing condition(s) when describing item. Also describe the proposed work, material(s) to be used, and the impact the item would have on existing historic or architectural features of the property. (Attach additional sheets if necessary.)

8. Attachments:

☐ Site Plan of the lot (Please indicate direction of north, dimensions, structures, etc.)

☐ Sketches, drawings, building and streetscape elevations, and/or annotated photos

☐ Exterior photos

☐ Specifications (materials) for the project

☐ Phased development plan for the project (if proposed in phases)

☐ Inspection report (required for demolition requests only)

☐ Cost estimates for all the proposed work

☐ Other (please explain): _____

9. Source of Funds: Please indicate if funds for the project are being secured from any of the following sources:

☐ NHS

☐ City of Beloit

☐ SHSW

☐ Federal

NOTE:

The Beloit Landmarks Commission meets at 7:00 PM on the third Tuesday of the month. Meetings are held in The Forum of Beloit City Hall, 100 State Street. Applications must be filed with the Neighborhood Planning Division by the filing deadline date prior to the next Landmarks Commission meeting.

If you have questions or need assistance in completing this form, contact the City of Beloit Neighborhood Planning Division (364-6700).

_____/_____/_____
(Signature of applicant) (Print name) (Date)

Review fee: **\$50.00* / \$25.00* if staff approved** Amount paid: \$ _____

* Review fees are doubled to **\$100.00** and **\$50.00**, respectively, when work begins prior to issuance of a COA.

Scheduled meeting date: _____

Application accepted by: _____ Date: _____